d	lepar	raska etmer					for the	ASKA INDIVE taxable year Jainstructions completing		through De e year:	ecember 31, 2	2003	FORM 104	
	/		First Name(s) and Initia	ul(e)		Last Nar	th	is form						
Prip	[[]		iist Name(s) and mile	11(5)		Lastinai	iie	·	}					
Please Type or Brint		A B E	Current Home Address	(Number an	d Street or Rural Rou	ite and Box N	umber)		-					
Dioseo	Hease	<u> </u>	City, Town, or Post Offic	20	State			Zip Code	-					
	Į	R C	olly, fown, of Post Office	Je	State		2	ip code	J					
-	_	IMPORTANT: SSN(S) MUST BE ENTERED BELOW.							ligh School [District Co	ode			
						Social Security No.						high scl	e entered using hool codes ng on page 17)	
-	(1)	TF:	armer/Rancher	(2) Ac	tive Military	(1) Dec	eased (first r	name & date of de	eath):			Degillili	ng on page 17)	
-	1	 Fe	deral Filing Status	 s										
ERE		(1)	Single	(3)	Married, filing	separate	- Spouse's	S. S. No.:		(4) (5)	Head of		old ependent child	drop [
FOLD • HERE	2a	(2) Ch	Married, filing leck if YOU were :	<u>, </u>	and Full Name 65 or older	(2) 🔲 E	Blind	2b Check h	ere if somed	(-)			an claim you	
<u>B</u> _	3		OUSE was: pe of Return	(3)	65 or older	(4) 🔲 E	Blind	your spo	use as a de	pendent:	(5)			
	,	(1)	-	(2)	Partial-year r				,2003 to		, 2	003 (att	ach Schedule	e III)
-		(3) Nonresident (attach Sch					nedule III)							
4 Federal exemptions (number of exemptions claimed on your 2003 federal return)										4				
	If you entered -0- tax on: Federal TeleFile Tax Record, line K; Federal Form 1040EZ, line 10; Federal Form 1040A, line 28; or Federal Form 1040, lines 41, 42, and 57, see Special Instructions on page 6. Check box ☐.										A, line 28;			
L		<u></u>		(Partial	l-year residents	and nonre	esidents n	nust still com	plete Nebra	ska Sche	edule III.)			
5 Federal adjusted gross income (AGI) (Federal TeleFile Tax Record, line I; Federal Form 1040EZ, line 4; Federal Form 1040A, line 21; Federal Form 1040, line 34)									5					
\$ see instructions, otherwise, enter \$7,950 if married-joint or qualified widow[er], \$ \$4,750 if single; \$7,000 if head of household; or \$3,975 if married-separate) 6														
ach Si														
se Attach State	8	Sta	ate and local inco	me taxes	(Federal Form	1040, line	5, Sch. A	, – see instr.)	8					
- Plea	9	Ne	braska itemized	deduction	s (line 7 minus	ine 8)	<u></u>		9					
	10	0 Enter the amount from line 6 or line 9, whichever is greater (see instructions)												
	11	Nic	braska income b	oforo adii	etmonts (line 5	minus lino	. 10)					11		
_			justments increas		•									
Here	42		hedule I)						12					
rder	13		Adjustments decreasing federal AGI (line 53, from attached Nebraska Schedule I)											
ney C			If the amount on line 13 is ONLY for a state income tax refund deduction, check this box: (see instr.)											
or Money Order Here	(NOTE: If line 12 is zero (-0-), and you check this box, do not complete N 14 Nebraska tax table income (enter line 11 plus line 12 minus line 13). If l											14		
eck	15	No	braska income ta	y (recide	nte usa Nahr Ta	v Tahlo: of	there use	Nahr Sah II	I) 15					
				•										
			braska minimum tal Nebraska tax							he amou	nt on this		1	
Please	.,		e. Pay the amoun	-	•							17		

Nan	ne as Shown on Page One of Form 1040N	Social Security Number							
			1						
	Amount from line 17 (Total Nebraska tax)		18						
19	Nebraska personal exemption credit for residents only (\$99 per exemption								
	claimed on line 4). If line 5 is more than \$116,000 – married/joint, \$70,000 – single, \$97,000 – head of household, \$58,000 – married-separate – see page 11								
	of instructions. Nonresidents and partial-year residents – enter -0-, and								
	complete line 65, Nebraska Schedule III.	19							
20	Credit for tax paid to another state (attach Nebraska Schedule II and the								
20	other state's return). Check this box if reporting AMT credit	20							
21	Credit for the elderly or disabled (attach copy of Federal Schedule R/								
		21							
22	CDAA credit (see instructions)								
	,	24							
	Nebraska dependent/child care credit, if line 5 is more than \$29,000								
	(see page 8 of instructions)	25							
26	Total nonrefundable credits (add lines 19 through 25)		26						
27	Subtract line 26 from line 18 (if line 26 is more than line 18, enter -0-). If result is	more than your							
	federal tax liability and line 12 is less than \$5,000, see instructions. If entering fed	deral tax, check box: 🗌,							
	attach federal return copy		27						
28	Nebraska income tax withheld (attach 2003 Forms W-2, W-2G, 1099-R,								
		28							
29	2003 estimated tax payments (include 2002 overpayment credited to 2003 and								
	any payments submitted with an extension request)	29							
	F 4400N P (44) I F 4400N								
	Form 4136N credit (attach Form 4136N)	30							
31	Nebraska child/dependent care refundable credit (if line 5 is \$29,000 or less).	24							
22	(see page 9 of instructions)								
32	beginning ranner credit (attach certificate)	32							
33	Total of lines 28, 29, 30, 31, and 32		33						
	AMOUNT YOU OWE (subtract line 33 from line 27 and pay in full with return). If o								
	Form 2210N is attached, check here: Include penalty in line 34 and show here.		34						
35	If line 33 is more than line 27, subtract line 27 from line 33. This is the amount you	u OVERPAID	35						
36	Amount of line 35 you want APPLIED TO YOUR 2004 ESTIMATED TAX	36							
	Nongame and Endangered Species Fund DONATION of \$1.00 or more	37							
38	Nebraska campaign finance CONTRIBUTION of \$1.00 or more	38							
20	Nebrooka State Fair Foundation CONTRIBUTION of \$1.00 or more	20							
	Nebraska State Fair Foundation CONTRIBUTION of \$1.00 or more	Allow three menths for							
40	your refund, but if you file electronically and use Direct Deposit, you could receive								
		•	40						
	Expecting a Refund?								
Have it sent directly to your bank account! (see instructions on page 10)									
41	a Routing Number 41b Type of A	Account Checking	g Savings						
	(Enter 9 digits, first two digits must be 01 through 12, or 21 through 32;	•							
	use an actual check or savings account number, not a deposit slip)		Direct Deposit						
41	c Account Number		Deposit						
(Can be up to 17 characters. Omit hyphens, spaces, and special symbols. Enter from left to right and leave any unused boxes blank.)									
Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return and to the best of my knowledge and belief, it is correct and complete.									
	ign								
h	ere								
Keep	a copy of eturn for	ure of Preparer if Other Than Taxpay	yer Date						
	records. Spouse's Signature (if filing jointly, both must sign) Daytime Phone Address		() Daytime Phone						
	Speaked Signature (in iming jointly, both must sign) Daytime i none Addles		Day and I Hone						